

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**SELECTION OF HOMESTEAD ALLOWANCE
AND EXEMPT PROPERTY, AND PETITION
AND ORDER FOR FAMILY ALLOWANCE**

FILE NO.

Estate of _____

SELECTION AND PETITION

1. I, _____, am interested in this estate as _____
Petitioner name (type or print) Relation
 _____ of the decedent.

☐ 2. I select the following property as my homestead allowance: _____

☐ 3. I select the following exempt property under MCL 700.2404:

PERSONAL PROPERTY ITEM	VALUE

☐ 4. The following persons are the surviving spouse, minor children, and other persons whom the decedent was obligated to support and, was in fact, supporting at the time of death:

NAME	BIRTH DATE	RELATIONSHIP	NAME	BIRTH DATE	RELATIONSHIP

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

5. The reasons for the need of a family allowance of \$ _____ per _____ are: _____
week or month

6. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:

7. ☐ a. **I request** that the selected homestead and exempt property be assigned.

☐ b. **I request** that \$ _____ per _____ be allowed as family allowance.
week or month

I declare under the penalties of perjury that this document has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature _____

Date _____

Attorney name (type or print) _____ Bar no. _____

Petitioner signature _____

Address _____

Address _____

City, state, zip _____ Telephone no. _____

City, state, zip _____ Telephone no. _____

WAIVER AND CONSENT

8. As personal representative, I waive notice of the hearing and consent to allowing the petition.

Date _____

Signature _____

ORDER

IT IS ORDERED:

☐ 9. _____ is allowed homestead and
Name (type or print)
exempt property of the decedent as selected. The selection is assigned as requested.

☐ 10. A family allowance of \$ _____ per _____ is granted from the estate of the decedent
week or month
for the support and maintenance of those persons identified in the petition during the settlement of the estate or other period as limited by statute*, but in no event more than one year after decedent's date of death if the estate is inadequate to discharge allowed claims.

Date _____

Judge _____ Bar no. _____

*NOTE: Death, settlement of the estate, etc., may terminate this allowance (see MCL 700.2403; MSA 27.12403 for limitations).